

Welcome to Kindergarten

Dear Incoming Kindergarten Families,

Please take a few minutes to fill out this survey. The information you share with us will be very helpful in getting to know your child!

We will also be referring to this information when we are making final class placement decisions.

Thank YOU!

1. Child's name: _____

2. How would you like your child's name to appear on his or her name tag?

3. Child's birthday: _____

4. Parents'/guardians' names: _____

5. Does your child have siblings?: _____

1. Name(s): _____

2. Age(s)/grade level(s): _____

3. Enrolled at Rose Park? _____

6. Home address: _____

7. Phone number(s): _____

8. Parents'/guardians' email addresses:

9. How does YOUR child get home from School?

10. Who may pick your child up from School?

11. Where will your child go after School? (If After School care, please include name & contact information.)

12. Do we have permission to take pictures of your child for at School use?

13. Child's allergies/health diagnoses/health concerns, emotional, social, behavioral concerns, etc.: _____

14. How does your child feel about coming to Kindergarten?

15. Did your child attend preschool/daycare? _____

1. If so, where? _____

2. for how long? _____

16. IS YOUR child left-handed or right-handed? _____

17. HAS YOUR child been EXPOSED to CUTTING? _____

18. HAS YOUR child been EXPOSED to WRITING? _____

19. DOES YOUR child like to create art? _____

20. CAN YOUR child recite the alphabet? _____

21. CAN YOUR child recognize capital and lowercase letters?

22. DOES YOUR child know letter sounds a-z? _____

23. CAN YOUR child read? _____

1. If so, what kinds of books? _____

24. CAN YOUR child write his or her first name with ONLY the first letter capitalized?

25. CAN YOUR child write letters a-z? _____

26. CAN YOUR child write words? _____

27. CAN YOUR child write numbers 0-20? _____

28. HOW high can YOUR child count? _____

29. DOES YOUR child count objects correctly? _____

30. CAN YOUR child recognize numbers 0-20? _____

31. CAN YOUR child recognize colors? _____

32. CAN YOUR child recognize shapes? _____

33. DOES YOUR child know how to handle a book i.e. front cover, turning pages,
reading left to right, etc? _____

34. DOES YOUR child like to listen to stories? _____

35. IS YOUR CHILD FAMILIAR WITH AN IPAD OR COMPUTER? _____

36. DOES YOUR CHILD PREFER ACTIVE OR CALM ACTIVITIES? _____

37. HAS YOUR CHILD PARTICIPATED IN EXTRA-CURRICULAR ACTIVITIES? _____

1. If so, what activities & when? _____

38. CAN YOUR CHILD TIE? _____

39. CAN YOUR CHILD ZIP? _____

40. CAN YOUR CHILD BUTTON? _____

41. DOES YOUR CHILD KNOW HIS OR HER FULL NAME? _____

42. DOES YOUR CHILD KNOW HIS OR HER BIRTHDAY? _____

43. DOES YOUR CHILD KNOW HIS OR HER PHONE NUMBER? _____

44. DOES YOUR CHILD KNOW HIS OR HER ADDRESS? _____

45. FIVE ADJECTIVES YOU'D USE TO DESCRIBE YOUR CHILD:

1. _____ 2. _____ 3. _____ 4. _____

5. _____

46. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

Thank you so much for filling out this survey! We very much appreciate it! We are looking forward to getting to know you and your child as we embark into our Kindergarten year!

-Ms. Houston & Mrs. Powers

Kindergarten...
Here We Come!